



## South Dakota Board of Nursing

South Dakota Department of Health  
722 Main Street, Suite 3; Spearfish, SD 57783  
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

### Nurse Aide Application for *Re-Approval* of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing  
722 Main Street, Suite 3  
Spearfish, SD 57783

Name of Institution: Bennett County Hospital and Nursing Home  
Address: PO Box 70 D  
MARTIN SD 57551  
Phone Number: (605) 645-6584 Fax Number: (605) 645-6883  
E-mail Address of Faculty: efrein@bennettcountyhospital.com

#### Select option(s) for Re-Approval:

- ☐ Request re-approval *without* changes to program coordinator, primary instructor, supplemental personnel or curriculum
1. List personnel and licensure information
  2. Complete evaluation of the curriculum
- ☒ Request re-approval with faculty changes and/or curriculum changes
1. List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel
  2. Complete evaluation of the curriculum
  3. Submit documentation to support requested curriculum changes

#### 1. List Personnel and Licensure Information:

**Program Coordinator** must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>MICHELLE WINTERS</u>	<u>SD</u>	<u>R022860</u>	<u>07/25/13</u>	<u>CDHARS</u> 2/27/12

☐ If requesting new Program Coordinator, attach curriculum vita, resume, or work history

**Primary Instructor** must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>ETHEL FREIN</u>	<u>SD</u>	<u>R035240</u>	<u>07/15/12</u>	<u>CDHARS</u> 2/27/12

☒ If requesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

**Supplemental Personnel** may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) If requesting new Supplemental Personnel, attach curriculum vita, resume, or work history.





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Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)

2. **Complete Evaluation of the Curriculum:** Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

Standard	Yes	No
• Program was no less than 75 hours.	X	
• Provided minimum 16 hours of instruction prior to students having direct patient contact.	X	
• Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor.	X	
• Provided instruction on each content area (see ARSD 44:04:18:15):	X	
• Basic nursing skills	X	
• Personal care skills	X	
• Mental health and social services	X	
• Care of cognitively impaired clients	X	
• Basic restorative nursing services	X	
• Residents' rights	X	
• Students did not perform any patient services until after the primary instructor found the student to be competent	X	
• Students only provided patient services under the supervision of a licensed nurse	X	
• Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association).	X	

3. **Submit Documentation to Support Requested Curriculum Changes:**

*NO CHANGES.*

Name of Course (if applicable): \_\_\_\_\_

A variety of teaching methods may be utilized in achieving the classroom instruction such as independent study, video instruction, and online instruction.

☐ Submit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc).

Submit documentation that supports requirements listed in ARSD 44:04:18:15, including:

- ☐ Behaviorally stated objectives with measurable performance criteria for each unit of curriculum
- ☐ Curriculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows:
- ☐ A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include:
    - ☐ Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights.
  - ☐ A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor.
  - ☐ Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail):
    - ☐ Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients;
    - ☐ Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;



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- ☐ Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving client dignity, and recognizing sources of emotional support;
- ☐ Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors;
- ☐ Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and training; and care and use of prosthetic and orthotic devices;
- ☐ Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.

Program Coordinator Signature:

*Michelle Luntz*

Date: *3-19-12*

### This section to be completed by the South Dakota Board of Nursing

Date Application Received: <i>3/26/12</i>	Date Application Denied:
Date Approved: <i>3/27/12</i>	Reason for Denial:
Expiration Date of Approval: <i>march 2014</i>	
Board Representative: <i>JOTHAN</i>	
Date Notice Sent to Institution: <i>3/27/12</i>	



## **SOUTH DAKOTA BOARD OF NURSING**

SOUTH DAKOTA DEPARTMENT OF HEALTH  
4305 S. Louise Avenue Suite 201 □ Sioux Falls, SD 57106-3115  
(605) 362-2760 □ FAX: 362-2768 □ [www.state.sd.us/doh/nursing](http://www.state.sd.us/doh/nursing)

**Date:** March 28, 2012

**To:** *Ethel Frein, RN, Nurse Consultant*

**From:** *Stephanie Orth, MS, RN, Nursing Program Specialist*

**Re:** *Future Change in ProCare Approval as Training Modality*

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This letter is being written to inform you of likely changes occurring related to Board approval of selected nurse aide training materials. Due to recent input regarding (and subsequent review of) the ProCare Interactive Health Nurse Aide Training CD-ROM videos, it likely will be necessary for you to choose a different mode of training within the next 12 months. I am working on this situation and will keep you informed of any changes made to approved training material selection. Please contact me if you have questions or concerns.

Sincerely,

Stephanie Orth, MS, RN  
Nursing Program Specialist  
South Dakota Board of Nursing  
722 Main Street, Suite 3  
Spearfish, SD 57783  
[Stephanie.orth@state.sd.us](mailto:Stephanie.orth@state.sd.us)  
605-642-1388 (Ph)  
605-642-1389 (Fax)



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March 19, 2012

TO: Stephanie Orth, MS, RN  
Nursing Program Specialist  
South Dakota Board of Nursing  
722 Main Street Suite 3  
Spearfish, SD 57783

From: Ethel Frein, RN  
Bennett County Hospital and Nursing Home  
P.O. Box 70 D  
Martin, SD 57751

Re: Nurse Aide Program ReApproval

Dear Stephanie,

Attached you will find our application for reapproval of the C.N.A. Program at Bennett County Hospital and Nursing Home as well as credentialing for myself as Primary Instructor (change from Dana Cook) and Michelle Winters, RN as Program Coordinator (no change).

Program curriculum remains without change: Procure "How to be a Nursing Assistant" and videos by AHCA.

The facility has not been under waiver since 2009. During the period that it was under waiver, I was approved by the SD Dept of Health to Serve as monitor and submitted findings to Robert Stahl at the DOH as required. In the past I have served as course instructor at Philip Nursing Home, Kadoka Nursing Home, and several times at Bennett County NH as well.

If there is anything else you require, please let me know.

Respectfully,

  
Ethel Frein, RN



Health Education Development System, Inc.  
and  
Cooperative Health Education Program  
**HEDS/CHEP**

*This Certifies That*

**FREIN, ETHEL**

*Has Completed The Continuing Education Program*

**NURSING ASSISTANT TRAIN THE TRAINER**

*Accreditation:*

**10 Contact Hours,**

**1 CEUs (#5010)**

*Date:* **05/20/92**

*Russell A. Braesser*

**President, Executive Director**







"NURSING HOME INITIATIVES"

Ramkota Inn  
Rapid City, SD  
August 12, 1999  
NHA9946, SDCE99-076, SW#467

CERTIFICATE OF ATTENDANCE

NAME  
ETHEL FREIN

FACILITY  
PHILIP HLTH SERVICES

CITY  
PHILIP

TITLE  
DON

CREDIT  
HOURS  
5.5

*Denise Reberdo*  
Certified by Representative  
Department of Health  
Pierre, South Dakota 57501





**CERTIFICATE OF ATTENDANCE**  
**Ethel Frein**

has attended Staff Day programming during  
Assisted Living in the New Millennium

ALASD Conference  
May 4-5, 1999  
Chamberlain

Verified by: Beth E. Mantley, President